



Formulary (List of Covered Drugs)

January 1, 2007 - December 31, 2007

Plus and Complete Plans

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THESE PLANS**

Note to existing members: This formulary has changed since last year.
Please review this document to make sure that it still contains the drugs you take.

This document includes the CIGNATURE Rx partial formulary as of January 1, 2007.
For a complete, updated formulary, please visit our Web site at www.cignature-rx.com
or call 1-800-222-6700, 8 am - 8 pm, local time, 7 days a week.
TTY/TDD users should call 1-800-322-1451.

Abridged Formulary

Introduction to the Formulary for CIGNATURE Rx Plan

January 1, 2007-December 31, 2007

What is the CIGNATURE Rx Formulary?

A formulary is a list of covered drugs selected by CIGNATURE Rx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CIGNATURE Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CIGNATURE Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by CIGNATURE Rx. For a complete listing of all prescription drugs covered by CIGNATURE Rx, please visit our Web site at www.cignature-rx.com or call 1-800-222-6700, 8 am - 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451.

Can the Formulary change?

Generally, if you are taking a drug on our formulary when you joined the plan, we will not discontinue or reduce coverage of the drug during the coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2007. To get updated information about the drugs covered by CIGNATURE Rx, please visit our Web site at www.cignature-rx.com or call Customer Service at 1-800-222-6700, 8 am - 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIAC MEDICATIONS".

If you know what your drug is used for, look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 14. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CIGNATURE Rx covers both brand name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CIGNATURE Rx requires you to get prior authorization for certain drugs. This means that you will need to get approval from CIGNATURE Rx before you fill your prescriptions. If you don't get approval, CIGNATURE Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, CIGNATURE Rx limits the amount of the drug that CIGNATURE Rx will cover. For example, CIGNATURE Rx provides 9 tablets per 30 day per prescription for IMITREX. This may be in addition to a standard 30- or 90-day supply.
- **Step Therapy:** In some cases, CIGNATURE Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CIGNATURE Rx may not cover drug B unless you try Drug A first. If Drug A does not work for you, CIGNATURE Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 5.

You can ask CIGNATURE Rx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the CIGNATURE Rx formulary?", on page 3 for information about how to request an exception.

What if my drug is not listed on the Formulary?

This is only a partial list of drugs covered by CIGNATURE Rx. If your prescription drug is not in this partial formulary, please visit our Web site at www.cignature-rx.com or call Customer Service at 1-800-222-6700, 8 am - 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451 for additional help.

If you learn that CIGNATURE Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CIGNATURE Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CIGNATURE Rx.
- You can ask CIGNATURE Rx to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CIGNATURE Rx Formulary?

You can ask CIGNATURE Rx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CIGNATURE Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a Non Preferred Brand - Tier 3 drug, you can ask us to cover it as a Preferred Brand - Tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier - Tier 4.

Generally, CIGNATURE Rx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan

For each of your drugs that is not on our formulary or your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will cover 1 more refill, as necessary. After you have used all of your refills, we will not pay for those drugs.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

An extended transition process is provided to circumstances involving level of care changes in which a beneficiary is changing from one treatment setting to another. An override for refill too soon edit would be provided to allow appropriate coverage. Since there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while going through exception process, our transition policy would allow coverage of one fill with up to 31 day supply of medication.

For more information

For more detailed information about your CIGNATURE Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CIGNATURE Rx, please call Customer Service at 1-800-222-6700, 8 am - 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451. Or visit www.cignature-rx.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

The CIGNATURE Rx Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by CIGNATURE Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 14. Remember, this is only a partial list of drugs covered by CIGNATURE Rx. If your prescription drug is not in this partial formulary, please visit our Web site at www.cignature-rx.com or call Customer Service at 1-800-222-6700, 8 am - 8 pm, local time, 7 days a week. TTY/TDD users should call 1-800-322-1451 for additional help.

The information in the Requirements/Limits column tells you if CIGNATURE Rx has any special requirements for coverage of your drug.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COZAAR) and generic drugs are listed in lower-case italics (e.g., *fluoxetine*).

Symbol Key

PA:	Prior Authorization may be required — your doctor must obtain prior approval for this drug.
QL:	Quantity Limit may apply — you may only obtain coverage for a limited amount of this drug.
AGE:	Age Requirement may apply — you may be required to be in a pre-specified age group in order to obtain coverage for this drug.
ST:	Step Therapy may be required — treatment with certain drugs may be required before these drugs will be approved for coverage.

Drug Name	Drug Tier	Limits
AIDS/HIV		
<i>zidovudine</i>	T1	
AGENERASE	T2	
CRIXIVAN	T2	
EMTRIVA	T2	
EPIVIR	T2	
EPZICOM	T2	
FUZEON	T2	
HIVID	T2	
INVIRASE	T2	
KALETRA	T2	
LEXIVA	T2	
NORVIR	T2	
RESCRIPTOR	T2	
REYATAZ	T2	
SUSTIVA	T2	
TRIZIVIR	T2	
TRUVADA	T2	
VIDEX	T2	
VIRACEPT	T2	
VIRAMUNE	T2	
VIREAD	T2	
ZERIT	T2	
ZIAGEN	T2	
ATRIPLA	T3	
RETROVIR	T3	
ALLERGY & ANTIHISTAMINE — ALLERGY		
<i>allantant</i>	T1	
<i>cardec</i>	T1	
<i>chlorpheniramine & pseudoephedrine</i>	T1	
<i>clemastine fumarate</i>	T1	
<i>dexchlorpheniramine maleate</i>	T1	

Drug Name	Drug Tier	Limits
ALLERGY & ANTIHISTAMINE — ALLERGY (con't.)		
<i>fexofenadine hcl</i>	T1	QL
<i>flunisolide nasal</i>	T1	
<i>fluticasone nasal</i>	T1	
<i>gilchew ir</i>	T1	
<i>guaifenesin & pseudoephedrine hcl</i>	T1	
<i>hydroxyzine</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>promethazine</i>	T1	
<i>uni-hist</i>	T1	
BECONASE AQ	T2	
DECONAMINE	T2	
EPIPEN	T2	QL
FLONASE	T2	
NASAREL	T2	
RICOBID	T2	
SEMPREX-D	T2	
TYZINE NASAL	T2	
ALLEGRA	T3	QL
ASTELIN NASAL	T3	
CLARINEX	T3	QL
DALLERGY-JR	T3	
ENTEX	T3	
LODRANE	T3	
RESCON-JR	T3	
RONDEC	T3	
RYNATAN	T3	
VISTARIL	T3	
ZYRTEC	T3	QL
ALZHEIMER'S		
ARICEPT	T2	
NAMENDA	T2	

Drug Name	Drug Tier	Limits
ALZHEIMER'S (con't.)		
COGNEX	T3	
EXELON	T3	
RAZADYNE	T3	
ANTICOAGULATION - BLOOD THINNER		
<i>anagrelide hcl</i>	T1	PA
<i>cilostazol</i>	T1	
<i>dipyridamole</i>	T1	
<i>pentoxifylline</i>	T1	
<i>ticlopidine hcl</i>	T1	
<i>warfarin</i>	T1	
ARIXTRA	T2	QL
FRAGMIN	T2	QL
INNOHEP	T2	QL
LOVENOX	T2	QL
PLAVIX	T2	
AGGRENOLX	T3	
AGRYLIN	T3	PA
PLETAL	T3	
TICLID	T3	
ANTICONVULSANTS - SEIZURE		
<i>carbamazepine</i>	T1	
<i>ethosuximide</i>	T1	
<i>gabapentin</i>	T1	
<i>phenytoin sodium</i>	T1	
<i>primidone</i>	T1	
<i>valproic acid</i>	T1	
DEPAKOTE	T2	
DILANTIN	T2	
GABITRIL	T2	
KEPPRA	T2	
LAMICTAL	T2	
TEGRETOL XR	T2	
TOPAMAX	T2	
TRILEPTAL	T2	
ZONEGRAN	T2	
CARBATROL	T3	
LYRICA	T3	PA, QL
NEURONTIN	T3	
TEGRETOL	T3	
ZARONTIN	T3	

Drug Name	Drug Tier	Limits
ANTIDEPRESSANT — DEPRESSION		
<i>amitriptyline</i>	T1	
<i>amoxapine</i>	T1	
<i>bupropion hcl</i>	T1	
<i>desipramine hcl</i>	T1	
<i>doxepin hcl</i>	T1	
<i>fluoxetine hcl</i>	T1	
<i>fluvoxamine maleate</i>	T1	
<i>imipramine</i>	T1	
<i>mirtazapine</i>	T1	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl</i>	T1	
<i>paroxetine hcl</i>	T1	QL
<i>sertraline</i>	T1	
<i>trazodone hcl</i>	T1	
EFFEXOR	T2	
VIVACTIL	T2	
WELLBUTRIN XL (24HR)	T2	ST, QL
CELEXA	T3	QL
CYMBALTA	T3	
LEXAPRO	T3	QL
MARPLAN	T3	
PAXIL	T3	QL
PROZAC	T3	
REMERON	T3	
SARAFEM	T3	
TOFRANIL-PM	T3	
WELLBUTRIN	T3	
ZOLOFT	T3	QL
ANTIDIABETICS — DIABETES		
<i>chlorpropamide</i>	T1	
<i>glipizide</i>	T1	
<i>glyburide</i>	T1	
<i>glyburide & metformin</i>	T1	
<i>metformin</i>	T1	
<i>tolbutamide</i>	T1	
ACTOS	T2	QL
AVANDAMET	T2	
AVANDIA	T2	QL
BYETTA	T2	PA, QL
GLUCAGON	T2	QL

Drug Name	Drug Tier	Limits
ANTIDIABETICS — DIABETES (con't.)		
HUMALOG	T2	
HUMULIN	T2	
LANTUS	T2	
NOVOLIN	T2	
NOVOLOG	T2	
PRANDIN	T2	
PRECOSE	T2	
SYMLIN	T2	PA, QL
AMARYL	T3	
GLUCOPHAGE	T3	
GLYSET	T3	
STARLIX	T3	
ANTIEMETIC - NAUSEA AND VOMITING		
<i>prochlorperazine maleate</i>	T1	
<i>promethazine hcl</i>	T1	
ZOFRAN	T2	QL
ANZEMET	T3	QL
EMEND	T3	QL
KYTRIL	T3	QL
PHENERGAN	T3	
SCOPACE	T3	
MARINOL	T4	
ANTIHYPERTENSIVES/ CARDIAC MEDICATIONS - HIGH BLOOD PRESSURE/HEART MEDICATIONS		
<i>acebutolol hcl</i>	T1	
<i>atenolol</i>	T1	
<i>benazepril hcl</i>	T1	
<i>bisoprolol fumarate</i>	T1	
<i>captopril</i>	T1	
<i>digoxin</i>	T1	
<i>diltiazem hcl</i>	T1	
<i>disopyramide phosphate</i>	T1	
<i>enalapril maleate</i>	T1	
<i>felodipine</i>	T1	
<i>fosinopril sodium</i>	T1	
<i>furosemide</i>	T1	
<i>isosorbide</i>	T1	
<i>labetalol hcl</i>	T1	
<i>lisinopril</i>	T1	

Drug Name	Drug Tier	Limits
ANTIHYPERTENSIVES/ CARDIAC MEDICATIONS - HIGH BLOOD PRESSURE/HEART MEDICATIONS (con't.)		
<i>methyclothiazide</i>	T1	
<i>methyldopa & hydrochlorothiazide</i>	T1	
<i>metolazone</i>	T1	
<i>metoprolol</i>	T1	
<i>mexiletine hcl</i>	T1	
<i>midodrine hcl</i>	T1	ST
<i>nadolol</i>	T1	
<i>nifedipine</i>	T1	
<i>pindolol</i>	T1	
<i>procainamide hcl</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propranolol hcl</i>	T1	
<i>quinidine gluconate</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>reserpine</i>	T1	
<i>sotalol</i>	T1	
<i>spironolactone</i>	T1	
<i>terazosin hcl</i>	T1	
<i>timolol maleate</i>	T1	
<i>torseamide</i>	T1	
<i>verapamil hcl</i>	T1	
COREG	T2	
COZAAR	T2	
DILATRATE-SR	T2	
DIOVAN	T2	
HYZAAR	T2	
INDERAL LA	T2	
INNOPRAN XL	T2	
LANOXIN	T2	
LOTREL	T2	
MICARDIS	T2	
MINIZIDE	T2	
NITROLINGUAL	T2	
PACERONE	T2	
PROCANBID	T2	
PRONESTYL	T2	
TARKA	T2	

Drug Name	Drug Tier	Limits
ANTIHYPERTENSIVES/ CARDIAC MEDICATIONS - HIGH BLOOD PRESSURE/HEART MEDICATIONS (con't.)		
TIKOSYN	T2	
TIMOLIDE 10/25	T2	
TOPROL XL	T2	
ACCUPRIL	T3	
ALTACE	T3	
AVALIDE	T3	
AVAPRO	T3	
BENICAR	T3	
BETAPACE	T3	
CADUET	T3	
CARDENE	T3	
CARTROL	T3	
CATAPRES	T3	
COVERA-HS	T3	
DYAZIDE	T3	
DYNACIRC	T3	
INDERAL	T3	
LEVATOL	T3	
LEXXEL	T3	
LOZOL	T3	
MAVIK	T3	
MONOPRIL	T3	
NITROBID	T3	
NITRO-DUR	T3	
NITROSTAT	T3	
NORPACE	T3	
NORVASC	T3	
PROAMATINE	T3	ST
PROCARDIA XL	T3	
PRONESTYL SR	T3	
SULAR	T3	
TENORETIC	T3	
TEVETEN	T3	
UNIRETIC	T3	
VERELAN	T3	
NIMOTOP	T4	
ANTIMICROBIALS AND INFECTIOUS DISEASES - INFECTIONS		
<i>acyclovir</i>	T1	

Drug Name	Drug Tier	Limits
ANTIMICROBIALS AND INFECTIOUS DISEASES - INFECTIONS (con't.)		
<i>amoxicillin</i>	T1	
<i>amoxicillin & clavulanate potassium</i>	T1	
<i>ampicillin</i>	T1	
<i>azithromycin</i>	T1	QL
<i>cefaclor</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefuroxime axetil</i>	T1	
<i>cephalexin</i>	T1	
<i>ciprofloxacin</i>	T1	
<i>clindamycin hcl</i>	T1	
<i>dicloxacillin sodium</i>	T1	
<i>doxycycline</i>	T1	
<i>erythromycin</i>	T1	
<i>erythromycin ethylsuccinate</i>	T1	
<i>minocycline hcl</i>	T1	
<i>nitrofurantoin</i>	T1	
<i>nystatin</i>	T1	
<i>ofloxacin</i>	T1	
<i>rimantadine hcl</i>	T1	
<i>sulfamethoxazole & trimethoprim</i>	T1	
<i>tetracycline hcl</i>	T1	
<i>trimethoprim</i>	T1	
<i>veetids</i>	T1	
FOSCAVIR	T2	PA
LEVAQUIN	T2	
LORABID	T2	
MINTEZOL	T2	
MYCOBUTIN	T2	
NEGGRAM	T2	
NEO-FRADIN	T2	
NOROXIN	T2	
OMNICEF	T2	
PCE	T2	
PRIMAQUINE PHOSPHATE	T2	
RIFAMATE	T2	
RIFATER	T2	
SEROMYCIN	T2	

Drug Name	Drug Tier	Limits
ANTIMICROBIALS AND INFECTIOUS DISEASES - INFECTIONS (con't.)		
STROMEKTOL	T2	
SUMYCIN	T2	
TAMIFLU	T2	QL
VALTREX	T2	
VANCOGIN HCL	T2	
VISTIDE	T2	PA
AMOXIL	T3	
AUGMENTIN	T3	
AVELOX	T3	
BIAXIN	T3	
CEDAX	T3	
CEFZIL	T3	
CIPRO	T3	
DYNABAC	T3	
FAMVIR	T3	
FLAGYL	T3	
FLOXIN	T3	
KEFLEX	T3	
LARIAM	T3	QL
MACROBID	T3	
MACRODANTIN	T3	
MALARONE	T3	
MANDELAMINE	T3	
MINOCIN	T3	
MONUROL	T3	
MYAMBUTOL	T3	
PEDIAZOLE	T3	
POLYSPORIN	T3	
PRIFTIN	T3	
RELENZA	T3	QL
RIFADIN	T3	
SPECTRACEF	T3	
VANTIN	T3	
VELOSEF	T3	
VIBRAMYCIN	T3	
ZITHROMAX	T3	QL
MEPRON	T4	
ZYVOX	T4	PA

Drug Name	Drug Tier	Limits
ANTINEOPLASTICS - CANCER		
<i>flutamide</i>	T1	
<i>hydroxyurea</i>	T1	
<i>megestrol acetate</i>	T1	
<i>mercaptopurine</i>	T1	
<i>tamoxifen citrate</i>	T1	
ARIMIDEX	T2	
FEMARA	T2	
NILANDRON	T2	
THERACYS	T2	PA
AROMASIN	T3	
FARESTON	T3	
HYDREA	T3	
MEGACE	T3	
GLEEVEC	T4	PA
IRESSA	T4	PA
NEXAVAR	T4	PA
TARCEVA	T4	PA
TARGETIN	T4	PA
VESANOID	T4	PA
ANTIPARKINSON - PARKINSON'S DISEASE		
<i>amantadine hcl</i>	T1	
<i>benztropine mesylate</i>	T1	
<i>carbidopa & levodopa</i>	T1	
<i>pergolide mesylate</i>	T1	
<i>selegiline hcl</i>	T1	
<i>trihexyphenidyl hcl</i>	T1	
AKINETON	T2	
APOKYN	T2	PA
REQUIP	T2	
STALEVO	T2	
TASMAR	T2	
COMTAN	T3	
PARCOPA	T3	
PERMAX	T3	
SINEMET	T3	
ANTIPSYCHOTIC		
<i>clozapine</i>	T1	
<i>haloperidol</i>	T1	

Drug Name	Drug Tier	Limits
ANTIPSYCHOTIC (con't.)		
<i>loxapine</i>	T1	
<i>perphenazine</i>	T1	
<i>thioridazine hcl</i>	T1	
<i>thiothixene</i>	T1	
MOBAN	T2	
RISPERDAL	T2	QL
SEROQUEL	T2	QL
ZYPREXA	T2	QL
ABILIFY	T3	QL
GEODON	T3	QL
RISPERDAL M-TAB	T3	QL
SYMBYAX	T3	QL
ASTHMA/ PULMONARY - LUNG MEDICATIONS		
<i>albuterol</i>	T1	
<i>metaproterenol sulfate</i>	T1	
<i>terbutaline sulfate</i>	T1	
ACCOLATE	T2	
ADVAIR DISKUS	T2	ST
AEROBID	T2	
ATROVENT HFA	T2	
AZMACORT	T2	
COMBIVENT	T2	
FLOVENT HFA	T2	
INTAL INHALER	T2	
MAXAIR	T2	
PROVENTIL HFA	T2	
PULMICORT TURBUHALER	T2	
QVAR	T2	
SEREVENT DISKUS	T2	ST
SINGULAIR	T2	
ZYFLO	T2	
PROVENTIL	T3	
XOPENEX HFA	T3	
PROLASTIN	T4	PA
REVATIO	T4	PA
XOLAIR	T4	PA
ZEMAIRA	T4	PA

Drug Name	Drug Tier	Limits
ATTENTION DEFICIT / STIMULANT - ADHD/ADD		
<i>amphetamine salt combination</i>	T1	
<i>dextroamphetamine</i>	T1	
<i>methylphenidate hcl</i>	T1	
CONCERTA	T2	
DESOXYN	T2	
STRATTERA	T2	
ADDERALL	T3	
DEXEDRINE	T3	
FOCALIN	T3	
PROVIGIL	T3	PA, QL
RITALIN	T3	
BENIGN PROSTATIC HYPERTROPHY - PROSTATE		
<i>finasteride</i>	T1	
FLOMAX	T2	ST
AVODART	T3	
PROSCAR	T3	
UROXATRAL	T3	ST
CHOLESTEROL LOWERING MEDICATIONS		
<i>fenofibrate</i>	T1	
<i>gemfibrozil</i>	T1	
<i>lovastatin</i>	T1	QL
<i>pravastatin sodium</i>	T1	QL
<i>simvastatin</i>	T1	QL
LESCOL	T2	
LOFIBRA	T2	
NIASPAN	T2	
TRICOR	T2	
VYTORIN	T2	QL
ZETIA	T2	QL
ADVICOR	T3	QL
CRESTOR	T3	ST, QL
LIPITOR	T3	ST, QL
LOPID	T3	
MEVACOR	T3	QL
OMACOR	T3	
PRAVACHOL	T3	QL
ZOCOR	T3	QL

Drug Name	Drug Tier	Limits
DERMATOLOGICAL / TOPICAL - SKIN CONDITIONS		
<i>betamethasone</i>	T1	
<i>desonide</i>	T1	
<i>desoximetasone</i>	T1	
<i>tretinoin</i>	T1	PA
ALDARA	T2	
BENZACLIN	T2	
DERMA-SMOOTHIE FS SCALP	T2	
DIFFERIN	T2	
DOVONEX	T2	ST
METROGEL	T2	
REGRANEX	T2	PA
RETIN-A MICRO	T2	PA
SORIATANE	T2	ST
ACLOVATE	T3	
CUTIVATE	T3	
DESOWEN	T3	
PANRETIN	T3	PA
TAZORAC	T3	
ULTRAVATE	T3	
GASTROINTESTINAL DRUGS (ULCER/REFLUX) - HEARTBURN/ULCER		
<i>cimetidine</i>	T1	
<i>famotidine</i>	T1	
<i>misoprostol</i>	T1	
<i>nizatidine</i>	T1	
<i>omeprazole</i>	T1	QL
<i>ranitidine</i>	T1	
<i>sucralfate</i>	T1	
PREVACID	T2	ST, QL
PROTONIX	T2	ST, QL
ACIPHEX	T3	ST, QL
HELIDAC	T3	
NEXIUM	T3	ST, QL
PEPCID	T3	
PREVPAC	T3	QL
ZANTAC	T3	

Drug Name	Drug Tier	Limits
GASTROINTESTINAL DRUGS (ULCER/REFLUX) - HEARTBURN/ULCER (con't.)		
ZEGERID	T3	ST, QL
GROWTH HORMONE		
SEROSTIM	T2	PA
ZORBTIVE	T2	PA
GENOTROPIN	T4	PA
HUMATROPE	T4	PA
NUTROPIN	T4	PA
HORMONE REPLACEMENT		
<i>estradiol</i>	T1	
ANADROL 50	T2	
ANDRODERM	T2	
ANDROGEL	T2	
ARMOUR THYROID	T2	
CYTOMEL	T2	
ESTRING	T2	
MENEST	T2	
NORETHINDRONE ACETATE	T2	
PREMARIN	T2	
PREMPHASE	T2	
PREMPRO	T2	
PROMETRIUM	T2	
SYNTHROID	T2	
ACTIVELLA	T3	
ANDROID	T3	
CENESTIN	T3	
CLIMARA	T3	
COMBIPATCH	T3	
ESTRACE	T3	
ESTRASORB	T3	
ESTROGEL	T3	
FEMHRT	T3	
FEMRING	T3	
NUVARING	T3	
OGEN	T3	
PROVERA	T3	
VAGIFEM	T3	
OXANDRIN	T4	

Drug Name	Drug Tier	Limits
MIGRAINE		
<i>dihydroergotamine mesylate</i>	T1	QL
D H E 45	T2	QL
ERGOMAR	T2	
IMITREX	T2	QL
MAXALT	T2	QL
MIGRANAL	T2	QL
AMERGE	T3	QL
AXERT	T3	QL
CAFERGOT	T3	
FROVA	T3	QL
RELPAK	T3	QL
ZOMIG	T3	QL
MISCELLANEOUS (NON-INJECTABLE)		
<i>acetazolamide</i>	T1	
<i>guanidine hcl</i>	T1	
<i>methazolamide</i>	T1	
<i>pilocarpine hcl</i>	T1	
<i>pyridostigmine bromide</i>	T1	
DIAMOX SEQUELS	T2	
MYTELASE	T2	
PROSTIGMIN	T2	
MESTINON	T3	
SALAGEN	T3	
EXJADE	T4	
MISCELLANEOUS HORMONAL AGENTS		
<i>bromocriptine mesylate</i>	T1	
<i>cabergoline</i>	T1	QL
<i>danazol</i>	T1	
<i>desmopressin acetate</i>	T1	
<i>methimazole</i>	T1	
<i>propylthiouracil</i>	T1	
CYTADREN	T2	
SENSIPAR	T2	
SYNAREL	T2	PA
DDAVP	T3	
DOSTINEX	T3	QL
INCRELEX	T3	PA
PARLODEL	T3	

Drug Name	Drug Tier	Limits
MISCELLANEOUS HORMONAL AGENTS (con't.)		
TAPAZOLE	T3	
<i>octreotide acetate</i>	T4	PA
SANDOSTATIN	T4	PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	T4	PA
BETASERON	T4	PA
COPAXONE	T4	PA
REBIF	T4	PA
MUSCLE RELAXANT		
<i>baclofen</i>	T1	
<i>carisoprodol</i>	T1	
<i>carisoprodol & aspirin</i>	T1	
<i>chlorzoxazone</i>	T1	
<i>cyclobenzaprine hcl</i>	T1	
<i>dantrolene sodium</i>	T1	
<i>methocarbamol</i>	T1	
<i>orphenadrine citrate</i>	T1	
<i>tizanidine</i>	T1	
NORFLEX	T2	PA
SKELAXIN	T2	
FLEXERIL	T3	
PARAFON FORTE DSC	T3	
ROBAXIN	T3	
SOMA	T3	
ZANAFLEX	T3	
OPHTHALMIC MEDICATIONS - EYE CONDITIONS		
<i>metipranolol opht</i>	T1	
<i>naphazoline hcl opht</i>	T1	
<i>ofloxacin opht</i>	T1	
<i>prednisolone opht</i>	T1	
ACULAR OPHT	T2	
ALOMIDE OPHT	T2	
ALPHAGAN P OPHT	T2	
AZOPT OPHT	T2	
BETOPTIC S OPHT	T2	
IOPIDINE OPHT	T2	
PATANOL OPHT	T2	

Drug Name	Drug Tier	Limits
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TOBRADEX	T2	
ACULAR LS OPHT	T3	
ACULAR PF OPHT	T3	
ALAMAST OPHT	T3	
ALREX OPHT	T3	
COSOPT	T3	
EMADINE OPHT	T3	
LOTEMAX OPHT	T3	
LUMIGAN OPTH	T3	
TIMOPTIC	T3	
OSTEOPOROSIS		
<i>fortical</i>	T1	
DIDRONEL	T2	
EVISTA	T2	
FOSAMAX	T2	
MIACALCIN	T2	
ACTONEL	T3	
BONIVA	T3	
SKELID	T3	
FORTEO	T4	PA
PAIN MANAGEMENT (ANTI-INFLAMMATORY DRUGS AND ANALGESICS)		
<i>butorphanol tartrate nasal</i>	T1	QL
<i>diclofenac</i>	T1	
<i>etodolac</i>	T1	
<i>fenoprofen calcium</i>	T1	
<i>flurbiprofen</i>	T1	
<i>ibuprofen</i>	T1	
<i>indomethacin</i>	T1	
<i>ketoprofen</i>	T1	
<i>ketorolac tromethamine</i>	T1	QL
<i>meclofenamate sodium</i>	T1	
<i>morphine sulfate</i>	T1	
<i>nabumetone</i>	T1	
<i>naproxen</i>	T1	
<i>oxaprozin</i>	T1	

Drug Name	Drug Tier	Limits
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<i>oxycodone hcl</i>	T1	
<i>piroxicam</i>	T1	
<i>sulindac</i>	T1	
<i>tolmetin sodium</i>	T1	
<i>tramadol hcl</i>	T1	
AVINZA	T2	
KADIAN	T2	
OXYCONTIN	T2	QL
ARTHROTEC	T3	
CELEBREX	T3	PA, QL
DURAGESIC	T3	QL
MS CONTIN	T3	
NAPRELAN	T3	
OXYFAST	T3	
TALWIN NX	T3	
TOLECTIN DS	T3	
TORADOL	T3	QL
VICOPROFEN	T3	
ZORPRIN	T3	
ACTIQ	T4	PA
ENBREL	T4	PA
HUMIRA	T4	PA
KINERET	T4	PA
ORENCIA	T4	PA
REMICADE	T4	PA
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<i>oxybutynin chloride</i>	T1	
<i>phenazopyridine hcl</i>	T1	
<i>potassium citrate & citric acid</i>	T1	
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PLAVIX	6
PLETAL	6
POLYSPORIN	9
<i>potassium citrate & citric acid</i>	13
PRANDIN	7
PRAVACHOL	10
<i>pravastatin sodium</i>	10
PRECOSE	7
<i>prednisolone opht</i>	12
PREMARIN	11
PREMPHASE	11
PREMPRO	11
PREVACID	11
PREVPAC	11
PRIFTIN	9
PRIMAQUINE PHOSPHATE	8
<i>primidone</i>	6
PROAMATINE	8
<i>procainamide hcl</i>	7
PROCANBID	7
PROCARDIA XL	8
<i>prochlorperazine maleate</i>	7
PROLASTIN	10
<i>promethazine</i>	5
<i>promethazine hcl</i>	7
PROMETRIUM	11
PRONESTYL	7
PRONESTYL SR	8
<i>propafenone hcl</i>	7
<i>propranolol hcl</i>	7
<i>propylthiouracil</i>	12
PROSCAR	10

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PROSTIGMIN	12
PROTONIX	11
PROVENTIL	10
PROVENTIL HFA	10
PROVERA	11
PROVIGIL	10
PROZAC	6
<i>pseudoephedrine hcl & guaifenesin</i>	5
PULMICORT TURBUHALER	10
<i>pyridostigmine bromide</i>	12
<i>quinidine gluconate</i>	7
<i>quinidine sulfate</i>	7
QVAR	10
<i>ranitidine</i>	11
RAZADYNE	6
REBIF	12
REGRANEX	11
RELENZA	9
RELPAK	12
REMERON	6
REMICADE	13
REQUIP	9
RESCON-JR	5
RESCRIPTOR	5
<i>reserpine</i>	7
RETIN-A MICRO	11
RETROVIR	5
REVATIO	10
REYATAZ	5
RICOBID	5
RIFADIN	9
RIFAMATE	8
RIFATER	8
<i>rimantadine hcl</i>	8
RISPERDAL	10
RISPERDAL M-TAB	10
RITALIN	10
ROBAXIN	12
RONDEC	5

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SARAFEM	6
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<i>selegiline hcl</i>	9
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SENSIPAR	12
SEREVENT DISKUS	10
SEROMYCIN	8
SEROQUEL	10
SEROSTIM	11
<i>sertraline</i>	6
<i>simvastatin</i>	10
SINEMET	9
SINGULAIR	10
SKELAXIN	12
SKELID	13
SOMA	12
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<i>sotalol</i>	7
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<i>spironolactone</i>	7
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STROMEKTOL	9
<i>sucalfate</i>	11
SULAR	8
<i>sulfamethoxazole & trimethoprim</i>	8
<i>sulindac</i>	13
SUMYCIN	9
SUSTIVA	5
SYMBYAX	10
SYMLIN	7
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SYNTHROID	11
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<i>tamoxifen citrate</i>	9

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TARGRETIN	9
TARKA	7
TASMAR	9
TAZORAC	11
TEGRETOL	6
TEGRETOL XR	6
TENORETIC	8
<i>terazosin hcl</i>	7
<i>terbutaline sulfate</i>	10
<i>tetracycline hcl</i>	8
TEVETEN	8
THERACYS	9
<i>thioridazine hcl</i>	10
<i>thiothixene</i>	10
TICLID	6
<i>ticlopidine hcl</i>	6
TIKOSYN	8
TIMOLIDE 10/25	8
<i>timolol maleate</i>	7
TIMOPTIC	13
<i>tizanidine</i>	12
TOBRADEX	13
TOFRANIL-PM	6
<i>tolbutamide</i>	6
TOLECTIN DS	13
<i>tolmetin sodium</i>	13
TOPAMAX	6
TOPROL XL	8
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<i>toremide</i>	7
<i>tramadol hcl</i>	13
<i>trazodone hcl</i>	6
<i>tretinoin</i>	11
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<i>trihexyphenidyl hcl</i>	9
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<i>trimethoprim</i>	8
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TRUVADA	5

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<i>uni-hist</i>	5
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VIRAMUNE	5
VIREAD	5
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VISTIDE	9
VIVACTIL	6
VYTORIN	10
<i>warfarin</i>	6
WELLBUTRIN	6
WELLBUTRIN XL (24HR)	6
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ZETIA	10
ZIAGEN	5
<i>zidovudine</i>	5
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ZOCOR	10
ZOFRAN	7
ZOLOFT	6
ZOMIG	12
ZONEGRAN	6
ZORBTIVE	11
ZORPRIN	13
ZYFLO	10
ZYPREXA	10
ZYRTEC	5
ZYVOX	9



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